



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES June 8, 2006

**Approved
July 13, 2006**

MEMBERS PRESENT	MEMBERS PRESENT (cont.)	PUBLIC	HIV/EPI AND OAPP STAFF
Carla Bailey, <i>Co-Chair</i>	Gilbert Varela	Diana Baumbauer	Chi-Wai Au
Anthony Braswell, <i>Co-Chair</i>	Jocelyn Woodward	Donna Brown	Kyle Baker
Ruben Acosta	Fariba Younai	Genevieve Clavreul	Rochelle Floyd
Al Ballesteros		Lisa Fisher	Michael Green
Carrie Broadus		Susan Forrest	Terina Keresoma
Robert Butler		Shawn Griffin	True Pawluk
Charles Carter		Mario Guerrero	David Pieribone
Mario Chavez	MEMBERS ABSENT	Anne Hu	Jacqueline Rurangirwa
Alicia Crews-Rhoden		Miki Jackson	Michael Squires
Whitney Engeran	Daisy Aguirre	Lee M. Kochenis	William Strain
David Giugni	Nettie DeAugustine	Luis Lopez	Gloria Traylor-Young
Elizabeth Gomez	Hugo Farias	Thanh Ooan	Lanet Williams
Jeffrey Goodman	Douglas Frye	Jayne Price	Juhua Wu
John Griggs	William Fuentes	Emma Robinson	
Richard Hamilton	Jan King	Jill Rotenberg	
Brad Land/Dean Page	Davyd McCoy	Natalie Sanchez	COMMISSION STAFF/CONSULTANTS
Kevin Lewis	Quentin O'Brien	Tania Trillo	
Anna Long	Wendy Schwartz (<i>on leave</i>)	Nick Truong	Virginia Bonila
Ruel Nollado	Kathy Watt	Brigitte Tweddell	Miguel Fernandez
Everardo Orozco/Ron Snyder		Caroline Velasquez	Jane Nachazel
Angelica Palmeros		Tony Wafford	Glenda Pinney
Gloria Pérez/Terry Goddard		Vanessa Watley	Doris Reed
Andrew Signey		Jan Wise	James Stewart
James Skinner		Patricia Woody	Craig Vincent-Jones
Jonathan Stockton		Elizabeth Yao	Nicole Werner
Peg Taylor		Tim Young	

Commission on HIV Meeting Minutes

June 8, 2006

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1. **CALL TO ORDER:** Mr. Braswell and Ms. Bailey called the meeting to order at 9:20 am.
 - A. **Roll Call:** Mr. Vincent-Jones called the role and confirmed quorum.
2. **APPROVAL OF AGENDA:** Mr. Braswell presented the agenda.

MOTION #1: Approve the Agenda Order, as revised (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
 - **May 11, 2006:** Mr. Braswell presented the minutes.

MOTION #2: Approve the minutes from the May 11, 2006 Commission on HIV meeting (*Passed by Consensus*).
4. **PARLIAMENTARY TRAINING:** Mr. Stewart reminded the body that the two-minute speaking rule was in effect. He added that members aren't allowed to speak more than twice to an issue without permission of the body.
5. **PUBLIC COMMENT, NON-AGENDIZED:**
 - Mr. Lopez, Latino Coalition Against AIDS, invited all to a public affairs colloquia on Testing and Health Screenings in Prisons. Assemblymember Dymally and Senator Romero, as well as some community activists, will participate. Since the correctional system is going into receivership, Assemblymember Dymally is developing a letter supporting the inclusion of testing and screening as part of the conditions of receivership.
 - Ms. Rotenberg announced that the next SPA 4 SPN meeting would be June 15th at JWCH. All are invited.
6. **COMMISSION COMMENT, NON-AGENDIZED:**
 - Dr. Long announced that Mario Pérez had been appointed by the Board of Supervisors as the Director of OAPP. Mr. Braswell noted the Commission letter requesting an expedited decision was sent, and that this was a welcome decision.
7. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no follow-up topics addressed.
8. **CO-CHAIRS' REPORT:**
 - A. **Title I Application: YR 16 Review/YR 17 Preparations:**
 - Mr. Braswell announced that Emily Gantz McKay would lead a review of the YR 16 Title I application, which would also develop a preparation of the YR 17 application process involving the community; the meeting was scheduled for June 29th.
 - Mr. Engeran asked if Congressional offices had been advised of the Commission's concerns and request for HRSA to come for an on-site visit. Mr. Vincent-Jones said a copy of the letter regarding the application was sent, but not a copy of the on-site visit request letter.
 - Mr. Page asked about the Freedom of Information Act (FOIA) requests. Mr. Vincent-Jones responded that HRSA had provided the expected information regarding formulae, scores and rankings consistent with responses from previous years. While HRSA did not provide scores or rankings for other EMAs, that information can be calculated from the information they did provide.
 - B. **District/SPA Update:** Regular reports will be starting soon. Commissioners who represent districts or SPAs will shortly receive more information on submitting update material.
 - C. **Commission Departures:** Mr. Signey will be accepting a position in Sacramento, and thanked everyone for the opportunity to participate in LA's service system. Mr. Engeran added that Mr. Signey had contributed to AIDS services in Long Beach for over a decade.
9. **EXECUTIVE DIRECTOR'S REPORT:**
 - A. **YRs 14-16 Title I Award Calculations:**
 - Mr. Vincent-Jones noted that HRSA's response to the second of three FOIA requests had been included the packet. He added that despite being previously told that EMAs were not ranked, the FOIA response shows that they were. In addition, applicants were previously told that the scale was 100 points, but it had now been revealed the scale was 110. The additional ten points comprised Conditions of Award (COAs), which had been earlier said not to affect scores, but clearly did.
 - He pointed out that LA lost two points because, despite the routine approval of the annual progress report extension to accommodate collection of all information, HRSA informed LA County after the fact that it would be penalized. In future, the report will be submitted on time, and revised after the remainder of the information is collected.

- ➡ The inconsistency of responses before and after the award will be addressed in the Public Policy Committee.

B. Title I YR 16 Conditions of Award: The first set of COAs have been submitted to HRSA. Copies are in the packet.

C. Planning Council Support Budget:

- Mr. Vincent-Jones addressed questions raised at the prior meeting about room rental, standards development process, indirect expense, and staffing versus consultants in a memo included in the packet, and summarized the points
- Meeting room rental is primarily divided into monthly and annual meeting expenses with a bit extra for special events like public forums. He noted that a year before, staff had compared monthly meeting prices, and the current venue was found to be most the cost-efficient once size, accessible and responsive to meeting needs. The annual meeting has been simplified since its origin and additional economies are hoped for, though last year's cost is a place-holder for the budget.
- Consultants for the Standards Development Process were chosen since the need was only for a two-year process and provided objectivity. Savings were realized by leaving the managerial position unfilled.
- Overall criteria for choosing consultants are: short-term need, training, conflict of interest (e.g., AAM) and parliamentary services. Overlap between consultants and staff is avoided, so if the Commission needs long-term professional-level services—such as planning—consultant agreements have been phased out.
- Mr. Vincent-Jones noted that the Executive Office indirect cost is 15% in the budget. That is one-half to two-thirds less than charged to other departments and commissions out of consideration for the Commission's limited resources. Significant additional staff would need to be hired to accommodate all the functions covered, including finance, human resources, facilities, legal and IT.

10. STATE OFFICE OF AIDS REPORT:

- CARE Act Reauthorization is the primary focus of the Office of AIDS' CARE Branch and much of its Epidemiology Branch. OA is working closely with the Pelosi and Waxman offices.
- A split of the Health Department into Public Health and Health Care Services is proposed in SB 162, Ortiz. Public Health would include bioterrorism, water and toxics, and prevention-related public health. Health Care Services would include MediCal and other direct health care-related services. OA and some others would encompass aspects assigned to both proposed departments, risking a split of service components. OA is advocating to remain whole, preferably in Public Health.
- ADAP is just under \$300 million which she estimated should be adequate in the next year.
- The 2006-2007 budget appears to provide about \$5.6 million to prevention. While it is hoped that will become part of the baseline budget, it may be another one-time allocation.
- The Medicare Part D transition still confuses many. ADAP staff continue to assist callers, and many have already transitioned into the new plan.
- Mr. Braswell requested feedback on the Commission letter (in the packet) to Michael Montgomery regarding the lack of uniform State direction in implementation of names-based reporting. Ms. Taylor said names-based reporting is a major priority. Regulations must be in place before OA is authorized to release a guidance. Mr. Montgomery spoke with legal counsel about a week ago and received approval to put out a written intent document, though not formal regulations, which was expected within a week or two following the meeting.
- Mr. Montgomery will be retiring June 23, 2006; the Acting Director of Office of AIDS will be Barbara Bailey.
- Mr. Nollendo noted that during the May Revise one suggestion would put HIV into a disease management program. Ms. Taylor said MediCal had developed a pilot disease management program that did not include HIV as an eligible disease. Higher MediCal authorities told the developers that HIV must be included. OA staff is offering their assistance.

11. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:

- Mr. Hamilton expressed concern that he has tried to work collaboratively with OAPP in the past regarding National HIV Testing Day, this year on June 27th. He said such a partnership was necessary, but he has not gotten an adequate response. For example, he noted that, while he was in DC recently, they were advised to talk of "screening" rather than "testing" because it has a more positive connotation, but he has not heard from OAPP about it, he claimed. SPAs are intended to support both service and prevention collaboration, but community partners were not invited to the table to help mobilize the community, he claimed.
- He proposed another example: last year vouchers were provided to those who tested. This year there are T-shirts and promotional items as well as food vouchers or movie tickets. He said that there are questions that this range of items suggests that some people getting tested are valued more than others. Ms. Broadus said she felt women and people of color were under-recruited for testing due to lack of attention to their preferred incentives and more attention paid to traditionally

high-risk populations. Mr. Lewis noted other non-traditional groups, like heterosexual men and people with disabilities, are also often reluctant to test due to stigma.

- Mr. Braswell offered to help initiate a meeting with OAPP. Mr. Hamilton said there was a meeting scheduled for June 20th, one week before the event, but collaborative planning should have begun long before that. Mr. Braswell noted that dual planning can be developed to enhance this year and build next year.
- Mr. Young, Director, Programs and Operations, APAIT, and a member of the PPC, asked whether the proposed meeting with Mr. Pérez would be open to the public. Mr. Braswell said he had only intended a conference call to open the topic, but if some type of meeting is scheduled, it will be properly agendized.
- Ms. Traylor-Young said OAPP has hosted multiple meetings soliciting provider input. She was happy to coordinate additional meetings with Mr. Pérez for more. Mr. Braswell pointed out that SPNs may not reach all providers, and other community voices may not be reached solely through providers. Mr. Hamilton added that OAPP has only been collaborating with contracted counseling and testing provider partners, but there are other stakeholders who need to be reached.
- Mr. Ballesteros said there should be greater cooperation between prevention and care, as well as attention to routine testing.
- Mr. Land claimed that for the last few years, SPA 3 counseling and testing contracts have not adequately addressed the large growth of newly infected who are African-American, Latino/a, women, and women with children. Mr. Griggs reported that the Antelope Valley is exploding in population, including among seniors and Section 8 housing, yet counseling and testing programs have not been increased commensurately.
- Mr. Engeran noted there can be no concerted action without authority. The authority for prevention lies with the PPC. A few years ago, he pointed out, there had been a proposal to merge the bodies, which the Commission supported, but the PPC did not. Other than being vocal, the Commission has little authority in the area of prevention. He added that seat names were changed to de-emphasize “labels” in the Commission’s reorganization. That was specifically done to better represent all people.
- Ms. Forrest, Behavioral Health Services, recommended linking with non-HIV specific providers, e.g., alcohol and drug providers whose staffs are required to have HIV training hours. Get-togethers at such providers could be an incentive for testing that could sidestep HIV stigma. Ms. Wise, Didi Hirsch Community Mental Health, noted that their contracts are under alcohol and drug programs. She supported collaboration through the HIV Drug and Alcohol Task Force, as well as their work through General Relief, CalWorks and Proposition 36. She is also interested in participating in any resulting counseling and testing meetings.

12. HIV EPIDEMIOLOGY PROGRAM REPORT: There was no report.

13. PREVENTION PLANNING COMMITTEE (PPC) REPORT: Dr. Green reported that the last meeting was a subcommittee break-out meeting. Every other month, there is a shorter full body meeting followed by the working subcommittees. He emphasized that PPC meetings are the first Thursday of the month and open to all. Those with concerns should attend.

14. TASK FORCE REPORTS:

- A. **Commission Task Forces:** There were no reports.
- B. **Community Task Forces:** There were no reports.

16. STANDING COMMITTEE REPORTS:

A. Public Policy Committee: Mr. Engeran reported.

1. CARE Act Reauthorization:

- Mr. Engeran reported that, in the currently proposed legislative language, there is a 75% requirement for core medical services, in conjunction with a new definition of those services which would require a shift of about 20% of LA County’s funding. Mr. Vincent-Jones noted that services that would no longer be defined as “core medical services” include: Psychosocial Case Management; Linguistic Services; Medical Transportation; and Nutrition Counseling.
- Of particular concern is the proxy system of estimating a set number of HIV cases per the number of AIDS cases for jurisdictions without mature HIV reporting systems. While LA County estimates there are 12 HIV case reports (or a proxy number of 1.2) per ten AIDS case reports, the proposed 0.9 was acceptable. Several large states with mature reporting systems, such as New York, New Jersey, Maryland, Florida and Texas, are advocating for a lower proxy, or not at all. They feel the higher number unjustly rewards those who have not developed their reporting systems in a timely manner. States such as California argue that they have always followed federal rules and regulations. The debate has stalled much of the Reauthorization dialogue.
- Current legislation remains in effect until it is reauthorized. The key concern is that the current CARE Act requires movement to a names-based HIV reporting system by the start of the next federal fiscal year.

- Ms. Taylor added that Title I numbers also affect Title II. She has heard most recently that there may be movement in the Senate Health Committee away from the proxy system and towards CDC-estimated AIDS cases. However, OA believes California is underestimated by about 30% due to the nature of the national formula. Reported AIDS cases would be preferable.
- Ms. Taylor also reported that Title II has also addressed. Funding is currently about \$121 million with a supplemental process for anything above that. The formula for Severity of Need would also be changed and applied to a limited number of years. A Severity of Need Index would replace the supplemental process at the end of the initial timeframe. California would end up being penalized under the proposed system, because it has consistently supported ADAP and those resources would be used to justify larger awards to states that have chosen not to contribute their resources to HIV/AIDS care.
- Mr. Vincent-Jones added that one of the most concerning issues are the appropriation caps in the bill that will end up reducing available funding to California.
- Mr. Butler asked about MAI. Mr. Engeran responded that the current proposal is to include it under Part F, and there is general agreement that it is a good addition. Mr. Butler also asked how to best use community voices. Mr. Vincent-Jones recommended advocating for a broader definition of core medical services since the issue has changed little during the debate and would have a serious effect. He also supported increased overall funding, and no change or an improvement beneficial to California (such as living AIDS cases), in the proxy.
- Ms. Taylor contributed that breaking California EMAs into tiers would be harmful. Los Angeles, San Francisco and San Diego are likely to remain in Tier 1, but it is estimated that the other six EMAs will lose their Title I funding and drop from Tiers 2 and 3. Nationwide, EMAs in Tier 3 will be competing for a total of \$5 million.
- Mr. Baker said it was also important to appreciate that a more conservative, more harmful bill could also be introduced if the current bill fails. He advised remembering that while strategizing.
- Ms. Broadus recommended and it was agreed that Mr. Vincent-Jones would send a brief Commissioner e-mail blast on key issues: core medical, appropriations levels, proxy and MAI. Advocacy on the first two issues can be encouraged immediately as their particulars have remained consistent. The latter two issues can be watched.

AB 2280: HIV Counseling:

- The proposed legislation calls for a counseling model that provides a fee schedule reflecting different levels and amounts of counseling interaction, including the amount of required time a . The bill does not mandate specific approaches.
- Mr. Butler asked if it mandates reimbursement rates. Mr. Engeran replied that the bill supports fitting the intervention to the client's need, for example, by distinguishing between first-time and repeat testers. That would have the effect of reducing administrative costs overall. It also opens the discussion of the counseling and testing model statewide, including expanding the possibility of reimbursement to sites beyond those that are state-funded.
- Ms. Broadus said she understood that reimbursement is now based on a behavioral risk model which is inadequate. Mr. Engeran noted that the bill calls for a conversation on developing and refining a new model.
- Mr. Engeran noted that some people, like Ms. DeAugustine, feel the issues could be better handled administratively.
- Ms. Jackson noted that clients want information tailored to their own situations. She felt an effort to formulate different kinds of interventions to different situations would be a great advantage. Current reimbursement is now based on risk factors. She felt that could best be changed through regulation. This bill primarily empowers agencies to tailor their interventions. She felt that aspect of the situation cannot be effectively dealt with by regulation.

MOTION #3: Support AB 2280, as presented (**Motion Failed: 9 Ayes; 10 Opposed; 7 Abstentions**).

MOTION #3A (Braswell/Engeran): Return AB 2280 to Public Policy Committee for further review (**Passed by Consensus**).

3. **Name-Based HIV Reporting::**

- Ms. Taylor elaborated further on the Commission's communication with the Office of AIDS regarding implementation of name-based HIV reporting. HIV is the only reportable disease in statute, which makes regulations mandatory, and that is a tedious process. Because the legislation included language for "emergency regulations", the process has been accelerated to a one-year process, which Ms. Taylor said, is fast for the development of regulations. There is no authorization in the legislation for guidelines or standards to be released prior to the regulations, but staff is working on them full-time.
- The lowest functional level is generally best for guidance since it is likely to be most cognizant of needs. Mr. Montgomery told her he had received advice from counsel that a document of intent can be released to include a collection form and the data to be collected.
- Mr. Engeran noted that there are 61 health jurisdictions. There is a concern that inconsistent material will be developed if each writes their own language. Since OA was at the table as the legislation was developed and since

names-based AIDS reporting is already used, there is concern that most of the system should be ready to go. In fact, he asked a few months ago if the State was ready to move once legislation passed and was told it was.

4. **Miscellaneous:**

- Title XXII governs residential care facilities, including those for the chronically ill. There have been community requests to update the law in light of changes to HIV/AIDS care. The Committee is reviewing the subject.
- The impact of proposed immigration bills on PLWH/A is also being reviewed, particularly as it affects the ability to provide services to the undocumented.

B. Finance Committee:

1. **YR 17 Title I/II Allocations:**

- Mr. Ballesteros reported that three funding scenarios had been created: 1) increase of 5 percent or more; 2) level, no more than a 4.9 percent increase or decrease; and, 3) reduction of 5 percent or more.
- P&P recommended, and Finance agreed, that all of the collapsed services should be unbundled for YR 17 and subsequent allocation-setting processes.
- Allocations will not change for Scenario 1 unless there is an increase of more than 10%. Should that occur, a special joint P&P, Finance and SOC meeting will be convened to address where to allocate the excess. The Committee made that decision based on the accumulated reductions over the past three years, noting that up to 10% increase is simply restoration of past lost funding.
- Under Scenario 3, Program and Planning Council Support categories will absorb additional cuts, contingent on OAPP's agreement to make commensurate cuts in Quality Management and Administrative Agency Support categories, up to the amount of their original reductions. Should those cuts be insufficient, service categories will be defunded in reverse order through 13, Nutrition Support. If cuts are still insufficient, a special joint meeting will be convened as indicated above.
- As in YR 16, the Committee chose not to allocate Title I/II funds to hospice services. Since Client Advocacy will no longer be a service category, it was not funded. The YR 16 allocation for Client Advocacy was moved to Oral Health, in part in response to the Commission's earlier recommendation that oral health may be one of the most impacted service categories following Medicare Part D implementation.
- Mr. Nollado asked where the Client Advocacy services had gone. Mr. Vincent-Jones responded that Benefits Specialty absorbs some of that functions currently funded under Client Advocacy. He added that the HIV LA Resource Directory, also currently funded under Client Advocacy, would be moved to Program Support. A communication to OAPP is asking for an overview of how those services are currently integrated into other categories, such as Case Management, in order to help the Committee better reallocate the former Client Advocacy funds.
- Substance Abuse, Treatment was not funded, since this service category is currently not paid for with Title I/II funds.
- Mr. Vincent-Jones noted that these allocations are contingent on no major changes as a result of Reauthorization. For example, the previously discussed 75% requirement for a redefined core medical services group would require significant revisions, but the Committee felt it was not a good use of time trying to allocate for those contingencies in advance since there are too many variables being considered currently. Following Reauthorization and disposition of the Medical Outpatient rate study, the Committee intends to reconvene and revisit its allocations in light of new information.
- Ms. Broadus complemented the listing of other funding services, but asked what is being done to increase their contribution. Mr. Vincent-Jones noted that providers are working diligently to ensure, for example, that all MediCal-eligible clients are entered in the program. He also noted that the Medical Outpatient rate study will increase the ability to estimate how many units of service can be purchased. He added that the Finance Committee is also looking at other alternatives. Dr. Varela noted that in LA, there many providers with significant portions of their patient populations who do not qualify for MediCal.
- Ms. Broadus asked if, should core medical services be redefined, would be possible to show medical sufficiency and be allowed to use funds for other services. Mr. Vincent-Jones said there was a waiver process proposed. However, it first requires proof that all HIV medical needs are met, which is virtually impossible. It predicted that it would be highly unlikely, if not altogether impossible, for LA County to meet the criteria to get a waiver exemption, as the legislation is currently written.

MOTION #4: Adopt the Year 17 Title I/II allocations, as presented (*Passed by Consensus*).

- Mr. Engeran moved that the Scenario 3 language regarding commensurate OAPP reductions be incorporated into the Memorandum of Understanding (MOU). Mr. Vincent-Jones noted that, while allocation-setting is an annual task,

the MOU is designed to be used for multiple years. However, he added, language in that spirit could be inserted in the Commission's version of the MOU.

MOTION #4A (Engeran/Land): Moved that Scenario 3 language for Program and Planning Council Support categories to absorb additional cuts only as contingent on OAPP's agreement to make commensurate cuts in Quality Management and Administrative Agency Support categories language or language which reaches this conclusion be included in the Memorandum of Understanding (**Motion Passes: 25 Ayes; 0 Opposed; 1 Abstention**).

2. **YR 16 Allocation Implementation:** There was no presentation at this time.
3. **Financial Reports:** Title I YR 15 ended February 28th, but it takes about six months to close the books. The Title I allocation will be expended and, in fact, overspent by about \$2.6 million. The Title II will be fully expended as well.

C. Priorities and Planning (P&P) Committee:

1. **YR 17 Expectations/Guidance:**

- Mr. Goodman presented an overview of the Expectations/Guidance/Recommendations resulting from the Year 17 the Priority- and Allocation-Setting Process.
- To OAPP: Assess current Benefits Specialty and Nutrition Therapy costs, regardless of the current categories under which they are funded, especially since these may drop out of the core medical services definition.
- OAPP: Initiate preparations for a YR 18 Benefits Specialty RFP.
- OAPP/SOC: Before Reauthorization, assess variance between contracted funding and expenditures for Oral Health and Childcare.
- OAPP: Prior to Reauthorization, assess variance between contracted funding and expenditures for Medical Case Management and Transportation.
- SOC: Assess barriers that special populations experience accessing care, especially barriers for women, youth and transgendered individuals. H-CAP studies indicate this is a significant issue.
- OAPP: Develop alternative participation strategies for single Countywide providers that are the sole SPN provider for a service, e.g., legal services. While providers are expected to attend SPN meetings, it is cumbersome for sole providers to attend all eight meetings monthly. Ms. Broadus felt it should not be considered burdensome considering the need to be involved in the community. She volunteered to participate in the discussion.
- OAPP: Consider alternative, more efficient mechanisms to track disbursement and utilization of bus tokens, passes and other forms of transportation support in order to better maximize funding.
- Mr. Engeran asked how progress on the items will be tracked. Mr. Goodman replied the Committee has a tracking mechanism.

MOTION #5: Adopt the Year 17 expectations, recommendations and guidance, as presented, with P&P to assess additional special populations for inclusion as noted on Slide 4 (**Passed by Consensus**).

- Mr. Lewis recommended heterosexuals and people with disabilities be added as special populations on Slide 4. Mr. Vincent-Jones noted the populations listed were not meant to be exclusive. Mr. Goodman noted the three populations listed were identified in the Needs Assessment and Provider Forums.
- Ms. Broadus suggested data on the newly suggested populations be reviewed before they are added. It was clarified that adding the populations to the motion would be to add them as special populations to Standards of Care (SOC)'s intent to develop special population guidelines.
- Dr. Long said she understood the spirit and intent of the amendment. However, P&P reviewed a great deal of data in choosing the original three populations. She felt it was not a balanced approach to the process to simply add the two populations. She recommended either reviewing the entire vetting process or not adding any populations.
- Mr. Braswell said he felt other populations might also feel they should be reviewed. He recommended the subject be referred back to the P&P.

MOTION #5A (Bailey/Broadus): Add to Slide 4 of Expectations/Guidance Recommendations two special populations to those in the parenthesis, namely heterosexual men and persons with physical challenges (**Referred back to P&P**).

MOTION #5B (Broadus/Engeran): Moved that P&P add to the Guidance Recommendations a deeper study of heterosexuals and persons with disabilities to be brought back to the Commission (**Referred back to P&P**).

D. Standards of Care (SOC) Committee:

1. **Childcare Standards of Care:**

- First Aid training was an addition to the standard recommended through the public comment process. The Committee felt that was consistent with the existing CPR requirement and added it to the standard.
- Public comments also suggested listing specific training organizations. The Committee chose to use language identifying "accredited institutions" rather than list organizations.

MOTION #6: Approve the Childcare Standards of Care, as presented (**Passed by Consensus**).

2. **Transportation Standards of Care:**

- Public comment also recommended First Aid training as an addition to the Transportation standard. It was already in the standard for van drivers, but was not considered to be a realistic training requirement for taxi drivers.
- The Committee again chose to use “accredited institutions” rather than list organizations for required training.

MOTION #7: Approve the Transportation Standards of Care, as presented (*Passed by Consensus*).

E. Recruitment, Diversity and Bylaws (RD&B) Committee:

1. **Member Duty Statements (New):**

- The new Supervisorial District, Unaffiliated Consumer Representative Member Duty Statement was introduced for public comment.
- Additional Member Duty Statements will be available in July. Most are already done.

2. **Voting Policy and Procedure:** The Policy and Procedure was introduced for public comment.

MOTION #8: Approve the proposed Voting policy and procedure, as presented (*Postponed*).

3. **Sunset Review:** The report to evaluate the continued necessity of the Commission to sit was due May 31st. The Commission is required to fill out forms which are then reviewed by the Auditor-Controller.

17. **COMMISSION COMMENT:** There were no additional comments.

18. **ANNOUNCEMENTS:**

- Mr. Engeran announced that his last day as Executive Director of Being Alive Long Beach and Housing would be June 20th. The Board has also decided that the agency will be closing as of the end of July due to many reasons, including the inability to raise sufficient administrative funds and the changing landscape of needs in the community. Negotiations are moving forward for other providers to assume continuation of services as needed. Mr. Ballesteros thanked Being Alive Long Beach for its service to people living with HIV/AIDS.

19. **ADJOURNMENT:** Mr. Braswell adjourned the meeting at 1:10 p.m.

A. Roll Call: End-of-the meeting roll call was not taken.

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MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the May 11, 2006 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3 (Braswell/Engeran): Support AB 2280, as presented.	<i>Ayes: Acosta, Braswell, Chavez, Engeran, Gomez, Goodman, Griggs, Palmeros, Skinner Opposed: Bailey, Ballesteros, Broadus, Butler, Carter, Crews-Rhoden, Orozco, Stockton, Varela, Woodard Abstentions: Hamilton, Long, Nollado, Page, Pérez, Taylor, Younai</i>	MOTION FAILED Ayes: 9 Opposed: 10 Abstentions: 7
MOTION #3A: Return AB 2280 to Public Policy Committee for further review.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Adopt the Year 17 Title I/II allocations, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4A (Engeran/Land): Moved that Scenario 3 language for Program and Planning Council Support categories to absorb additional cuts only as contingent on OAPP's agreement to make commensurate cuts in Quality Management and Administrative Agency Support categories language or language which reaches this conclusion be included in the Memorandum of Understanding.	<i>Ayes: Acosta, Ballesteros, Bailey, Braswell, Broadus, Butler, Carter, Chavez, Crews-Rhoden, Engeran, Gomez, Goodman, Griggs, Hamilton, Land, Nollado, Orozco, Palmeros, Pérez, Skinner, Stockton, Taylor, Varela, Woodard, Younai Opposed: none Abstention: Long</i>	MOTION PASSED Ayes: 25 Opposed: 0 Abstentions: 1
MOTION #5: Adopt the Year 17 expectations, recommendations and guidance, as presented, with P&P to assess additional special populations for inclusion as noted on Slide 4.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #5A (Bailey/Broadus): Add to Slide 4 of Expectations/Guidance Recommendations two special populations to those in the parenthesis, namely heterosexual men and persons with physical challenges.	<i>Referred back to P&P</i>	MOTION REFERRED
MOTION #5B (Broadus/Engeran): Moved that P&P add to the Guidance Recommendations a deeper study of heterosexuals and persons with disabilities to be brought back to the Commission.	<i>Referred back to P&P</i>	MOTION REFERRED
MOTION #6: Approve the Childcare Standards of Care, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #7: Approve the Transportation Standards of Care, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #8: Approve the proposed Voting policy and procedures, as presented.	<i>Postponed</i>	MOTION POSTPONED